

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name..... Shivam Yadav
 Address..... Deoria
 Phone..... 8957991826

Job No.
 Date..... 11/12/25
 Chasis No.
 Engine No.
 Key No.
 Regn. No. UP 57 CR 0213
 Speedmeter Redg.
 Insurance No.
 Model..... Deoria

Dear Sir,

Here Under we are forwarding our estimate for your acceptance, Please sign and return copy to us so that we may take up the work in hand.

S. No.	Details of Job	Qty.	Rate	Amount	
				Rs.	P.
1	Handle - Conn	1K	912	912	
2	H/L	1K	595	595	
3	Wind Screen	1K	590	590	
4	Upper Conn	1K	1475	1475	
5	Lower - Conn	1K	1244	1244	
6	F. Fender	1P	1200	1200	
7	Mate	1K	370	370	
8	F. Door - (R)	775	750	750	
9	Body, Conn (R)	1K	1982	1982	
10	T/L	1K	1050	1050	
11	Muffler Conn	390	200	200	
12	Linum. (R)	1K	150	150	
13	Handle	1K	580	580	
14	Mirror - (R)	1K	250	250	
15	Creem	1K	531	531	
16	F. Inner	1B	500	500	
17					
18					
19					
20				600	
21					
22					
23					
24					
25					
TOTAL					

- Note: 1. If required, labour for above material shall be charged extra.
 2. Price of parts are subject to change without notice.
 3. VEHICLE DELIVERY AGAINST PAYMENT ONLY.
 4. All Disputes Subject to Deoria Jurisdiction only.

Ganpati Automobiles
 Gorakhpur Road
 OPP. Dr. G. N. Gupta
 DEORIA
 733004713
 For - Ganpati Automobiles

I/We agree with the conditions and approve the estimate.

Customer's Signature.....

Authorised Signatory

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

Sir / महोदय ,

As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे
दिये गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	ABHINAV BHATI & 8957991826
2	Vehicle No. / वाहन संख्या	UP52CE0213
3	Policy No. / पालिसी संख्या	25240031/2025/20855
4	Period of Insurance / बीमा अवधि	27/01/25 to 26/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8/12/25 @ 01:30 PM
6	Place of Accident / दुर्घटना का स्थान	KHAJUHA
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	VINOD YADAV & UP5220090007024 - 8957991826
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	कंडक्टर से देवघर जाते समय रास्ते में खजुहा के स्थान पर रोड पर पड़े से गाड़ चलने में रुकने गए जिस कारण से गाड़ी में मोती मशीन कास्ट गिरने का कारण हुआ है।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	Granpadi Automobiles Purwa Deemra @ 7651989597

Date / दिनांक : 10/12/25
हस्ताक्षर

Shivam yadav

Signature of Insured / बीमाधारक के

Shivam yadav





The Oriental Insurance Company Limited
 (Incorporated in India, subsidiary of General Insurance Corporation of India)
 Regd. Office. Oriental House, P.B. No.7037, A-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Br. Office Address _____ Certificate/Policy No. 252400/31/2025/80955
 Tel No. _____ Period of Insurance 27/01/25 to 26/01/2026
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

1. INSURED
 (a) Name ABHINAV BHATI
 (b) Address for correspondence RADHEY KOTLGHARHA
 (c) Telephone 29579919226

2 THE INSURED VEHICLE

Make & Year <u>Hero - 2025</u>	Engine No. <u>* 02935</u> Chassis No. <u>* 03820</u>	Registration No. <u>UPSLCE0713</u>
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- (a) Was the vehicle in proper working condition? YES
 (b) For what purpose was the vehicle being used at the time of accident? Persnal Use
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached NA
 2. Was a pillion rider carried NA

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only

- (a) Registered laden weight
 (b) Unladen Weight
 (c) Weight of goods carried/Load Challan No.
 (d) Nature of permit
 (e) Nature of goods carried
 (f) Was the vehicle plying for hire
 (g) If Lorry/Jeep/Tractor, was trailer attached?
 (h) Number of passengers carried
 (i) Number of Passenger permitted
- (The above list is crossed out with a large diagonal line and 'NA' is written in the middle.)*

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : VINOD VADAV
(b) Age : 06/05/1980
(c) Address : KOLLGAKALLA
(d) Is the Driver
1. Owner :
2. paid driver? : NA
3. Owner's relative or friend? : Relative
(e) If paid driver, how long has he been in your employment : NA
(f) Was he under the influence of intoxication Liquor or drugs? : NA
(g) Driving Licence Number : UPS220090007084
(h) Issuing Authority :
(i) Date of Expiry : 05/03/2022
(j) Was the licence temporary/permanent : 24/06/2029
(k) Details of endorsement/suspension, if any : Permanent
(l) Has he been involved in any accident before? : NA
(m) Has he been charged by the policy? If so, Why? : NA

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident : NA

5. DETAILS OF ACCIDENT

(a) Date and Time : 8/12/25 @ 01:30PM
(b) Place : KHAJURHA
(c) Speed of vehicle at the time of accident : 40KM/H
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address :
मसुली गावठी वनातून येताना वाहनाचा अचानक
ब्रेक फेल झाल्यामुळे वाहनाचा नियंत्रण
हळू होऊन वरिष्ठे असलेल्या एका व्यक्तीस
दरम्यान वाहनाचा धडक झाल्यामुळे

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :
(b) Estimated cost of repairs : As per Estimated
(c) When and where can the damaged vehicle be inspected : Gianpati Automobiles Purana Deora
7661995970

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name :
(b) Address :
(c) Full Details of personal injury sustained :
(d) Name and address of any person/hospital giving medical attention to injured person :
(e) Full details of property damaged : NA
(f) Has notice of any claim been given to you? :

Customer's Signature.....

Authorised signatory

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? _____
(b) If yes, give full details _____ NA

9. WITNESS

- (a) Give names and addresses of passengers/other
Witness, if any _____
(b) Did a Police Constable take particulars of
The accident? _____
(c) Was accident reported to Police? If not, Why? _____ NA
(d) If yes, to which Police Station? _____
(e) Date and Diary No _____

10. THEFT

- (a) Date and Time _____
(b) Place _____
(c) What was stolen? _____
(d) Estimated cost of replacement? _____
(e) By whom discovered and reported? _____
(f) Has theft been reported to Police? _____ NA
(g) When? _____
(h) Which Policy Station? _____
(i) C.R. diary Number _____

I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited

Date 10/12/25 200

Signature of the insured Shivam Yadav

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received _____ Day of _____ 200____
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____
(In words Rupees _____)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. _____ insured under Policy No. _____ of
the said company and accident which occurred on or about _____ I/We give
the discharge receipt to the Company in full and final settlement of all my/our claims
present of future arising directly/indirectly in respect of the said accident.

Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature *S. Shivam Yadav*...
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CE0213 Registration Date : 31-Jan-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, . . 190-274001
 Owner Name : SHIVAM YADAV Son/wife/daughter of : RADHEY SHYAM YADAV
 Full Address: (Permanent) : VILL- KOILGARHA, PO- RUDRAPUR DEORIA, . DEORIA, UTTAR PRADESH-274204
 Full Address: (Temporary) : VILL- KOILGARHA, PO- RUDRAPUR DEORIA, . DEORIA-UTTAR PRADESH-274204
 Fitness UpTo : 30-Jan-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2118650479 Rear HSRP No : AA2118323965
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No of Cylinders : 1 Chassis No : MBLJFN351SGA03820
 Engine No : JF17ERSGA02935 Fuel : PETROL
 Horse Power(BHP) : 6.98 Cubic Capacity : 124.60
 Maker's Classification : DESTINI PRIME Wheel base : 1245
 Seating Cap(In all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 115
 Colour : PANTHER BLACK Laden/GV Wt (kgs) : 245
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.	Description	As Regd.	Weight(in kgs)
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- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of SHRIRAM FINANCE LTD, DEORIA, . . Deoria, Uttar Pradesh-274001 w.e.f. 30-Jan-2025.

Purchase dt : 27-Jan-2025 Sale Amt : 75855/-
 OTT Date : 27-Jan-2025 Amount/Rcpt No : 7586 / UP52D25010003549
 Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 04-Feb-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 31-Jan-2025 to 30-Jan-2040

Date : 20-Feb-2025 11:18:29

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 20-Feb-2025

Q 2106507

Government of Uttar Pradesh Government of Uttar Pradesh
 Government of Uttar Pradesh Government of Uttar Pradesh

Customer's Signature.....

Authorised Signatory



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



आधार

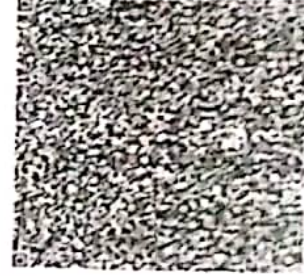
पता:

S/O: राधे श्याम यादव, रुद्रपुर, कोइलार्हा, देवरिया,
उत्तर प्रदेश - 274204

Print Date: 11/02/2021

Address:

S/O: Radhey Shyam Yadav, Rudrapur,
Koilgarha, Deoria,
Uttar Pradesh - 274204



9938 5595 3532



1947



help@uidai.gov.in



www.uidai.gov.in



Customer's Signature.....

Authorised Signatory



Scanned with OKEN Scanner

आयकर विभाग
INCOME TAX DEPARTMENT.

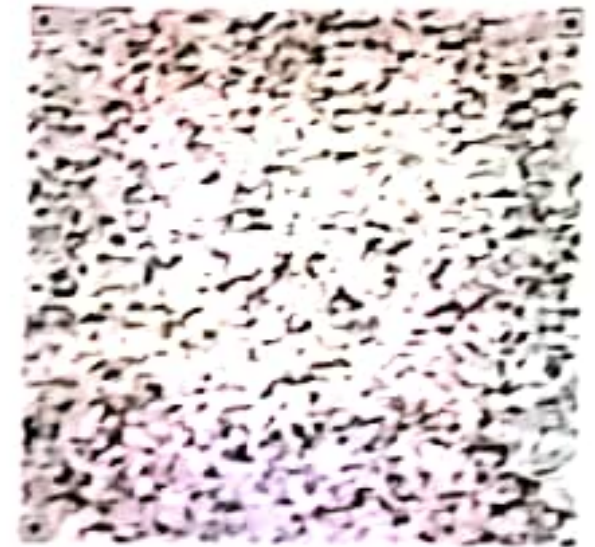


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BRAPY6992B



नाम / Name
SHYAM YADAV

पिता का नाम / Father's Name
RADHEY SHYAM YADAV

जन्म की तारीख /
Date of Birth
01/01/2004

Shyam Yadav

हस्ताक्षर / Signature

21092023



Indian Union Driving Licence
Issued by **Uttar Pradesh**

(17)

UP52 20090007084



Issue Date: 05-03-2022 Validity (NT): 24-06-2029 Validity (TR)*: 04-03-2027



Holder's Signature

Name: **VINOD YADAV**
Date of Birth: **06-05-1980** Blood Group: Organ Donor: **N**
Son/Daughter/Wife of: **KAMASH YADAV**
Address:
KONEGARANA BUDHAPUR DEORIA
274204

Date of First Issue: (23-06-2019)

DL No: **UP52 20090007084**

UP52 20090007084



Invalid Carriage (Regn Numbers)
Hazardous Validity* Nil Validity*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
Auto	MCVU	UP52	25-06-2009	MT			
Auto	LMV	UP52	25-06-2009	MT			
Auto	TRAB	UP52	04-03-2012	TR			
MVSD							

Emergency Contact Number

As Issued By
UP52 Deoria

Date of Issue: 23-06-2019

